

STATE OF SOUTH DAKOTA

RECEIVED

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. OF STATE

1. TITLE OF NEWSPAPER ALCESTER UNION & HUDSONITE		2. DATE 09/30/15
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ \$28/\$32
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 110 E. 1st St., P.O. Box 227, Alcester, SD 57001-0227		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) STAR Publishing P.O. Box H, Centerville, SD 57014		
6. FULL NAME OF PUBLISHER: Shane & Allyson Hill 1000 Washington St., Centerville, SD 57014		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME Shane & Allyson Hill 1000 Washington St., Centerville, SD 57014</div> <div style="width: 45%;">COMPLETE MAILING ADDRESS Shane & Allyson Hill 1000 Washington St., Centerville, SD 57014</div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	800	800
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	150	140
2. Mail Subscription (Paid and or requested)	540	450
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	690	590
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	32	32
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	722	622
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	78	178
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	800	800

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

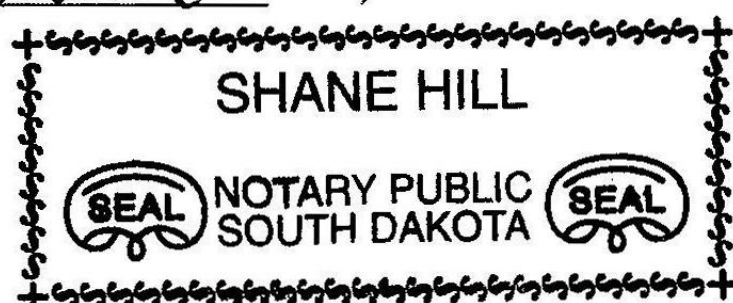
Allyson Hill
(Signature)

Owner/publisher
(Title)

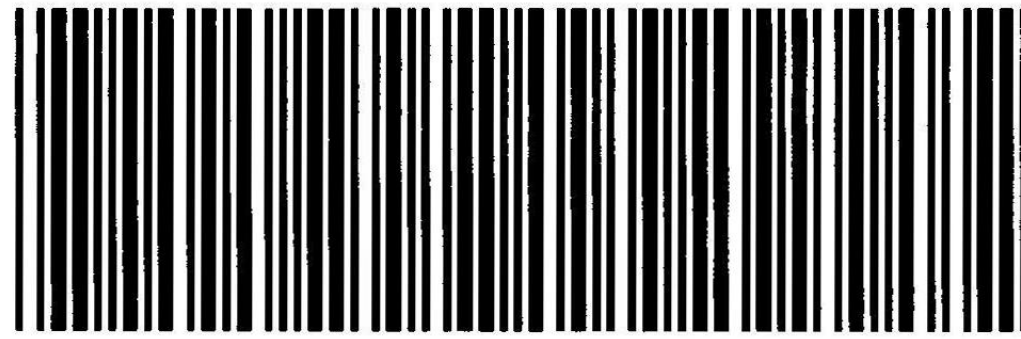
State of South Dakota)
County of Union)

Sworn to before me this 26 day of October, 2015
Shane Hill
Notary Public

(Seal)



My commission expires: 11-14-2018



Separator Sheet

Instructions:

When scanning, all checks within the payment group must be placed at the front, followed by the forms, and then any additional pages.

If scanning multiple payment groups at the same time, place this separator sheet between each payment group. Follow the same ordering process (checks first, then forms, then additional pages) for each payment group.

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DEC 28 2015

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Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>The Alexandria Herald</u>		2. DATE <u>10-30-15</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>30.00/36.00</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>148 1/2 Lind St., P.O. Box 244, Emery SD 57732, Hanson Co.</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>210 W. Main St., P.O. Box 128, Canistota SD 57012, McCook</u>		
6. FULL NAME OF PUBLISHER: <u>Matt D. Anderson</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Anderson Publications, Inc</u>		COMPLETE MAILING ADDRESS <u>210 W Main St. Box 128 Canistota SD 57012</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>550</u>	<u>550</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	<u>40</u>	<u>40</u>
2. Mail Subscription (Paid and or requested)	<u>370</u>	<u>361</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>410</u>	<u>401</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>410</u>	<u>401</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>140</u>	<u>149</u>
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>550</u>	<u>550</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Matt D. Anderson
(Signature)

Owner, Editor
(Title)

Sworn to before me this 9 day of dec, 2015
Donna M. Dieck
Notary Public

My commission expires: 2-2-2016

